

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL  
PO BOX 30214, LANSING, MI 48909

**REGISTRATION OF PROFESSIONAL SOLICITOR**

For License Year July 1, 20 _____ to June 30, 20 _____ <b>RETURN REGISTRATION APPROVAL TO:</b> PLEASE TYPE OR PRINT CLEARLY WITH INK	<u>FOR OFFICE USE ONLY</u>
Solicitor's Name	Date: _____
Mailing Address	
Physical Address	
City State Zip Code	
Area Code Telephone Number	

PROFESSIONAL FUND RAISER INFORMATION

Name	Signature of Professional Fund Raiser or Authorized Representative
License Number:	

Date \_\_\_\_\_

CERTIFICATION

I hereby swear or affirm that the information set forth above is true and is submitted for the purpose of registering as a professional solicitor to work under a licensed Professional Fund Raiser pursuant to the Charitable Organizations and Solicitations Act, 1975 PA 169, as amended; MCL 400.271 et seq.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

Notary Public

County \_\_\_\_\_, State \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Signature of Solicitor